



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich/Governor

Lance Himes/Director of Health

Rick Jeric, Executive Director
Women's Care Center
935 East Broad Street
Columbus, OH 43205

Dear Mr. Jeric:

Thank you for your interest in the Choose Life Program and for your application for the Choose Life funding. The application(s) was approved for the following county(s) in the amount of:

- Franklin \$596.00

Enclosed is a copy of the application as was submitted. You should receive an award totaling \$596.00 Within the next 30 days.

If you have any questions, please contact the Choose Life Program Consultant, Marius Igwe at Marius.Igwe@odh.ohio.gov or 614-466-4634

Sincerely,

A handwritten signature in black ink, appearing to read 'Lance Himes', is written over a horizontal line.

Lance Himes
Director of Health

**OHIO DEPARTMENT OF HEALTH (ODH)
CHOOSE LIFE FUND
DISTRIBUTION APPLICATION**

Interested Organizations: This application is due by June 1, 2018. Use this form to apply for SFY19 (July 1, 2018 to June 30, 2019) Choose Life Funds. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

I. ODH and Organization Information.

Organization	Women's Care Center
OAKS Supplier Number & Address Code	221996
Federal Tax ID Number	[REDACTED]
Street Address	935 East Brod St.
City, State Zip code	Columbus, OH 43205
County of Location Providing Services <i>(Entity must be physically present in the county to apply for funding; Only one Application Per Location)</i>	FRANKLIN
Address where ODH should Direct Payment	935 EAST BROAD STREET COLUMBUS, OH 43205
Counties of Service <i>This location serves women from the following counties:</i>	FRANKLIN AND CONTIGUOUS
Name of Person and Title completing application	Rick Jeric, Executive Director
Area Code/Phone Number	(614)251-0200 CELL: 614-795-4878
Email	rjericwcc@gmail.com

II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (ORC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:

- A. Meets the requirements in ORC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
- E. Does not charge pregnant women for any services received;
- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.

Assistance in completing Supplier information can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

V. For New Choose Life Organization Applicants: By June 1, 2018, the following (A & B) is required with this application:

- A. Organization must register online using the OAKS Supplier Self-Registration module at www.supplier.obm.ohio.gov;
- B. Complete one (1) original, signed W-9 form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed (*required*);
- C. Any Organization may opt for electronic deposit by completing the *Authorization Agreement for Direct Deposit of EFT Payments form* (*optional*).

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

VI. By June 1, 2019, all Organizations shall submit to ODH one of the three forms of reporting from Section IV.A., above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2018–May 30, 2019).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

5-28-18

Date

Rick H. Jeric

Signature of Person Completing Application

RICK H. JERIC, EXECUTIVE DIRECTOR

[Print Name & Title]

Application to be submitted to:

ODH/Choose Life Fund
Bureau of Maternal, Child and Family, Attention: Marius Igwe
246 North High Street, 6th floor
Columbus, OH 43215

Contact Marius Igwe with questions at Marius.Igwe@odh.ohio.gov
or 614.466.4634.

Choose Life Fund Expenditure Form (SFY18)
Report Period: June 1, 2017 through May 31, 2018
Due June 1, 2018

Agency Name	Womense Care Center Inc				
Tax ID #					
Contact Name	Rick H. Jelic				
Contact Phone #	614-795-4878				
Quarters	Total Expenditures	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
6/1/17 Thru 5/31/18	6/1/17 Thru 8/30/17	9/1/17 thru 11/30/17	12/31/16 thru 2/28/18	3/1/18 Thru 5/31/18	
Carryover SFY 16 Amount					
Award Amount	\$1,252.00				
Material Needs of Pregnant Women at 60%	\$751.20	\$187.80	\$187.80	\$187.80	\$187.80
Clothing Costs					
Housing Costs	\$200.00	\$50.00	\$50.00	\$50.00	\$50.00
Medical Care Costs	\$0.00	\$0.00			
Food Costs	\$0.00				
Utilities Costs	\$151.20	\$37.80	\$37.80	\$37.80	\$37.80
Transportation Costs	\$0.00				
Other Costs (Explain)	\$400.00	\$100.00	\$100.00	\$100.00	\$100.00
Total Material Costs	\$751.20	\$187.80	\$187.80	\$187.80	\$187.80
+/- Award Amount	\$ -				
Direct Costs at 40%	\$ 500.80				
Counseling Costs					
Training Costs	\$500.80	\$125.20	\$125.20	\$125.20	\$125.20
Advertising Costs	\$0.00				
Total Direct Costs	\$500.80	\$125.20	\$125.20	\$125.20	\$125.20
+/- Award Amount	\$				
Total Award Minus Materials and Direct Costs	\$				

Choose the Fund Expenditure Form (SFY18)
Report Period: June 1, 2017 through May 31, 2018

Due June 1, 2018

Award Amount @ 10% (if less than 10% of total award, the amount must be certified forwarded until depleted)	\$	125.20	\$	-					
Refund Due ODH (June 1, 2018)	\$	-							